

SAS contract reform **2021**



2021 contract reform for SAS doctors

Implementation guidance for employers

March 2021

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1. Introduction

- 1.1. The implementation guidance sets out the steps that employers should follow when introducing the new Terms and Conditions of Service (TCS) for Specialty Doctors and Specialist doctors (England) 2021.
- 1.2. This guidance should be read in conjunction with the TCS, pay and conditions circular, model contract documentation and other resources available on the NHS Employers website.
- 1.3. This guide has been produced to aid staff working in HR/medical staffing departments and payroll departments in the implementation of the new contract.
- 1.4. When introducing this contract, each employer will need to take account of their individual Public Sector Equality Duty (PSED).
- 1.5. For the purpose of this document, wherever 'doctor' is used in this document, it is intended to mean a doctor or dentist.

Scope

- 1.6. The new contractual arrangements will come into effect from 1 April 2021. The Specialty doctor 2008 contract will be closed to new entrants and all new appointments to the SAS grades should be on the 2021 Specialty Doctor and Specialist grade contracts.
- 1.7. Current doctors employed on the national TCS including Specialty Doctors 2008, Associate Specialist 2008 and all other closed national SAS grades will be given the option to transfer to the new TCS or remain on their current TCS.
- 1.8. The implementation timetable is set out in section 3 of this guide with the specific transitional arrangements for existing doctors in section 7.
- 1.9. These contractual arrangements and transitional provisions do not apply to doctors who are not on national contracts i.e. trust doctors, clinical fellows, doctors appointed to the Associate Specialist grade since 2008. These doctors have not been included in the costings and do not form part of reform.
- 1.10. It is for employers to decide locally how to set contractual TCS for doctors who are not currently employed on SAS national TCS and whether they will offer the new contracts to individuals on local TCS.

2. Implementation

- 2.1. The proposed implementation timeline has been developed to enable SAS doctors to have sufficient time to decide whether they want to remain on their existing terms or transfer to

the equivalent new contract as well as to enable employers to introduce the new contracts and make the necessary changes to transition existing SAS doctors in their organisation.

- 2.2. The new contracts will be made available from 1 April 2021. All new appointments to the SAS grades including existing SAS doctors being employed on new contracts from 1 April 2021 should be using the new 2021 Specialty Doctor and Specialist grade contracts.

Date	Activity
February 2021	<ul style="list-style-type: none"> • Framework agreement published • British Medical Association (BMA) roadshows and referendum • Employer engagement activity on framework agreement • Preparation work undertaken to support employers should an agreement be reached
March 2021	<ul style="list-style-type: none"> • BMA to confirm outcome of referendum • If approved, agreement formally ratified by government • Implementation guidance and TCS documentation published
1 April 2021	<ul style="list-style-type: none"> • New SAS contracts go live • All new SAS doctors and new appointments to use the 2021 contracts
April – October 2021	<ul style="list-style-type: none"> • Choice exercise for existing SAS doctors • Employers to transition doctors to the new contract.
31 December 2021	<ul style="list-style-type: none"> • The final date in which all doctors who expressed an interest should have moved to the new 2021 contracts. <i>[Excluding those who have been granted exceptional circumstances]</i>
1 April 2023	<ul style="list-style-type: none"> • New pay progression system introduced.

- 2.3. If the timetable above is to be met, employers will need to complete the following tasks:

Engagement with local staff side colleagues

- 2.4. Identify appropriate arrangements to engage with staff side locally.
- 2.5. Work in partnership to agree how implementation will be managed and reported.

Prepare for the choice exercise

- 2.6. Identify eligible SAS doctors on national terms and conditions in your organisation.
- 2.7. Using the [model template](#) provided by NHS Employers, prepare letters to a) confirm that the doctor is eligible to transfer to these terms and conditions of service and b) invite an expression of interest within the 6 – month choice window, making it clear that the doctor must respond before 30 September 2021.
- 2.8. Ensure doctors who are on long term leave have been identified and contacted to make sure the necessary arrangements are in place for them to raise their expression of interest. Exceptional circumstances are detailed in paragraph 6.10.
- 2.9. Ensure clinical managers are supported for job plan discussions and that they understand the key changes to the job planning schedule including the new safeguards and on-call availability categories.

Pay and Payroll

- 2.10. Ensure your record of SAS doctors are up to date on ESR.
- 2.11. NHS Employers has been working with ESR to ensure the new contract pay structure and values are set up ready for April 2021. Employers will need to prepare to manually transfer staff from the old contract to the new one once they have expressed an interest and been through the transition process.
- 2.12. Employers will need to undertake the necessary preparations to ensure they can pay any backpay (from 1 April 2021) as soon as possible when the doctor moves to the new contract. This will include basic pay but also take into account changes to additional earnings such as on-call availability supplements and OOH payments. The payment should be made on the job plan they were working from 1 April 21 up until they moved, not the new job plan.

Communicate to your staff

- 2.13. Inform your board of the key changes and benefits of the new contracts.
- 2.14. Keep SAS doctors and clinical managers updated of any locally agreed implementation arrangements.
- 2.15. Review existing information both internally and externally including recruitment and induction materials and update accordingly.
- 2.16. Any offers made to SAS doctors who will commence employment after 1 April, must include the offer of the new terms and conditions of service.

Specialist grade

- 2.17. Discuss how your organisation may utilise and benefit from the new Specialist grade.
- 2.18. Prepare for any recruitment into the new post, using the guidance developed between NHS Employers and the BMA.

Pay progression

- 2.19. Understand the new pay progression terms and begin to prepare for the new process that will come into effect in April 2023.

3. A guide to the new pay and progression system

The new Specialty Doctor pay structure

- 3.1. The existing 11 pay point structure for Specialty Doctors is being replaced with a new 5 pay point structure, which aims to:
 - Increase the starting salary for Specialty Doctors to align more closely with other medical grades who have similar levels of experience.

- Allow faster progression to the top of the pay scale through fewer pay progression points (reduction of five years from current system).
- Increase the career average earnings providing a pay scale better suited to the CARE pension scheme.
- Help address the gender pay gap.

3.2. The pay structure is being reformed over a three-year transition period, starting on 1 April 2021. During the three years of the deal, each of the transitional pay points have been set and are outlined in Table 1 below.

Table 1

	Year 1	Year 2	Year 3	
Years of experience	2021/22	2022/23	2023/24	New pay point structure in 23/24
0	£45,124	£50,373	£51,000	1
1	£45,124	£50,373	£51,000	
2	£49,745	£50,373	£51,000	
3	£55,790	£56,906	£58,756	2
4	£55,790	£56,906	£58,756	
5	£58,756	£58,756	£58,756	
6	£62,978	£64,237	£65,500	3
7	£62,978	£64,237	£65,500	
8	£62,978	£64,237	£65,500	
9	£66,614	£71,654	£72,500	4
10	£66,614	£71,654	£72,500	
11	£70,249	£71,654	£72,500	
12	£70,249	£75,361	£80,000	5 - Top
13	£70,249	£75,361	£80,000	
14	£73,883	£75,361	£80,000	
15	£73,883	£75,361	£80,000	
16	£73,883	£75,361	£80,000	
17	£77,519	£78,759	£80,000	

3.3. Due to the reform of the pay structure and significant reduction in the number of pay points, the increase in basic pay for existing Specialty Doctors who move across to the new contract will differ depending on their current salary. The individual pay journey for existing Specialty Doctors moving to the new 2021 Specialty Doctor contract is based on their existing salary as of 31 March 2021 and can be seen in Table 2 below.

3.4. A more detailed individual pay journey including changes to pay that will occur on 1 April and then doctors pay progression date can be viewed in the [individual pay journey guidance](#).

Table 2

	2008 Specialty Doctor basic pay (As of 31 March 21)	2021 Specialty Doctor basic pay journey		
Years of experience	20/21	21/22	22/23	23/24
0	£41,158	£45,124	£50,373	£58,756
1	£44,677	£49,745	£56,906	£58,756
2	£49,252	£55,790	£56,906	£58,756
3	£51,704	£55,790	£58,756	£65,500
4	£55,237	£58,756	£64,237	£65,500
5	£58,756	£62,978	£64,237	£65,500
6	£58,756	£62,978	£64,237	£72,500
7	£62,355	£62,978	£71,654	£72,500
8	£62,355	£66,614	£71,654	£72,500
9	£65,594	£66,614	£71,654	£80,000
10	£65,594	£70,249	£75,361	£80,000
11	£69,553	£70,249	£75,361	£80,000
12	£69,553	£70,249	£75,361	£80,000
13	£69,553	£73,883	£75,361	£80,000
14	£73,152	£73,883	£75,361	£80,000
15	£73,152	£73,883	£78,759	£80,000
16	£73,152	£77,519	£78,759	£80,000
17	£76,751	£77,519	£78,759	£80,000

The new Specialist grade structure

3.4. The pay structure for the new Specialist grade is made up of three pay points and the pay for three years of the deal is set out in table 3 below. It will take a Specialist grade a minimum of 6 years to reach the top of the pay scale.

Table 3

Pay Point	Years of experience	21/22	22/23	23/24
1	0	£79,894	£80,693	£81,500
	1	£79,894	£80,693	£81,500
	2	£79,894	£80,693	£81,500
2	3	£85,286	£86,139	£87,000
	4	£85,286	£86,139	£87,000
	5	£85,286	£86,139	£87,000
3 - Top	6	£90,677	£91,584	£92,500

Additional earnings

3.5. The on-call availability supplement for SAS doctors has changed to introduce Category A and Category B arrangements. A prospective assessment will be carried out of the typical nature of the response that the SAS doctor is likely to have to undertake when called during

an on-call period. This should take place during the job planning discussions between the SAS doctor and their clinical manager.

- **Category A** applies where the SAS doctor is typically required to return immediately to site when called or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.
- **Category B** applies where the SAS doctor can typically respond by giving telephone advice and/or by returning to work later.

Frequency	Value of availability supplement as a percentage of basic salary	
	Category A	Category B
more frequent than or equal to 1 in 4	8%	3%
less frequent than 1 in 4 or equal to 1 in 8	5%	2%
less frequent than 1 in 8	3%	1%

Pay progression

3.6. The new pay progression system will:

- enable doctors to reach the top of the pay structure more quickly
- allow doctors to progress to the next pay point after a minimum of 3 years
- remove the automaticity of pay progression
- introduce a simple progression process between SAS doctors and their clinical manager and ensure that pay progression is achieved where clinical managers are satisfied that the doctor has met the required standards.

3.7. The new progression system is intended to enhance and strengthen existing processes, underlining the employer and doctors' mutual obligations. There is an expectation that certain standards must be met and the new system will help ensure that all SAS doctors have the appropriate knowledge and skills they need to carry out their roles.

3.9. The specific pay progression requirements are highlighted below.

Specialty Doctor	Specialist
<p>Standard pay progression criteria:</p> <ul style="list-style-type: none"> • Participated satisfactorily in the job planning process on a yearly basis, including: <ul style="list-style-type: none"> - making every reasonable effort to meet the time and service commitments in their job plan and participated in the annual job plan review 	<p>Standard pay progression criteria:</p> <p>As for the Specialty Doctor, but in addition:</p> <ul style="list-style-type: none"> • Undertaken anonymous colleague and patient multi-source feedback (MSF) exercises since appointment/ last progression and demonstrate learning from the results.

<ul style="list-style-type: none"> - meeting the personal objectives in the job plan, or where this is not achieved for reasons beyond the doctor’s control, made every reasonable effort to do so - working towards any changes identified in the last job plan review as being necessary to support achievement of joint objectives. <ul style="list-style-type: none"> • Participated satisfactorily in the medical appraisal process on a yearly basis. • Demonstrated yearly completion of the employing organisations mandatory training, or where this is not achieved for reasons beyond the doctors’ control, made every reasonable effort to do so. • No disciplinary sanction live on the doctors’ record. • No formal capability process in place. 	<ul style="list-style-type: none"> • Performed a full audit cycle into a chosen aspect of their personal clinical practice and demonstrated any learning identified is being addressed. The audit will be chosen by the doctor and must be agreed with the clinical director as part of the job planning process. • Demonstrated ability to deliver learning to others by completion of either clinical or educational supervisor training and/or delivery of a minimum of one educational lecture/workshop relevant to area of practice to clinicians.
<p>Progression through the higher threshold between pay point 3 and 4:</p> <p>The criteria for passing through the higher threshold recognises the higher level of skills, experience and responsibility of those doctors working at that level. Doctors will pass through the higher threshold if they have met the criteria at a, b and c, as set out below.</p> <ol style="list-style-type: none"> a) Doctors have met the standard pay progression criteria. b) Doctors should be able to demonstrate an increasing ability to take decisions and carry responsibility without direct supervision. c) Doctors should also provide evidence to demonstrate their contributions to a wider role, for example, meaningful participation in, or contribution to any of the following relevant areas: <p>Management or leadership, teaching and training of others, innovation, audit, committee work etc.</p>	

3.10. The clinical/medical director will have the overall responsibility of ensuring processes are in place to sign off pay progression. The pay progression process will be as follows:

- Clinical managers will receive notification before a doctor’s next pay progression date and initiate a meeting to review whether the requirements for progression have been met. This meeting will draw on the most recent medical appraisal and job plan review and consider the progression criteria set out in in section two. It is not necessary to schedule appraisals and job plan reviews to coincide with pay progression dates.

- A locally determined simple form, template or checklist should be used to support this process, which should be signed by the clinical manager and the doctor.
 - This will then be used as the basis for confirmation of movement to the next pay point.
- 3.11. Employers must ensure that the pay progression submission process is completed in a timely fashion to ensure that pay progression can be implemented in time for the doctors pay progression date.
- 3.12. Detail on delaying progression is detailed in Schedule 13 in the TCS.
- 3.13. Due to the transitional nature of the three-year deal and the annual changes to the temporary transitional pay points, the new pay progression process which removes the automaticity of progression **will not come into effect until 1 April 2023**. It is still expected that during the first two years of the agreement, the requirements of pay progression are met and employers should continue to manage failure to meet pay progression requirements through their local processes.

4. A guide to job planning

- 4.1. A number of changes have been made within the job planning schedule, to ensure that job planning discussions meet the intention of the provisions set out in the TCS and that allow work patterns to support the health and wellbeing of SAS doctors, alongside meeting service requirements to support delivery of care and meet patient needs.
- 4.2. The additional principles have been added to the TCS to emphasise that any regular change in doctors programmed activities should be mutually agreed within a job plan review and that any job plan review should support flexible working:
- The doctor shall not undertake regular (unless otherwise agreed) additional programmed activities outside of an agreed job plan without requesting an interim review of the job plan currently being worked.
 - Job plans should support flexible working and take account of equality and diversity, to ensure that an individual doctor and specific groups are not adversely affected.
- 4.3. The out of hours (OOH) definition has now changed to ‘any time that falls outside of the period 7:00am to 9:00pm Monday to Friday and any time on a Saturday or Sunday, or public holiday’. During the job planning discussion outlined in section 7 (transitional arrangements), any existing job plan that has programmed activities between 7pm and 9pm on Monday to Friday will need to be reviewed to ensure any reduction in timetabled value or enhanced rate of pay is amended accordingly.

4.4. A number of safeguards have been included into schedule 4 of the TCS and job planning discussions should ensure that the work patterns of SAS doctors have taken these into account.

Working hours	<ul style="list-style-type: none"> • For SAS doctors working a full shift rota, unless otherwise mutually agreed, the following will apply: <ul style="list-style-type: none"> - a maximum of four consecutive nights, where at least three hours each night fall between 11pm and 6am; - a maximum of four consecutive long day shifts; - a minimum period of 46 hours before and after transition between day and night shifts • The majority (i.e. no less than 60%) of work should normally take place in standard working hours being 7am to 9pm Monday to Friday, rather than in OOH which is 9:01pm to 6:59am Monday to Friday and all day Saturday and Sunday, unless otherwise mutually agreed. Where existing job plans contain in excess of 40% of work in OOH, the employer and doctor will work towards decreasing the percentage each year until a limit of 40% is reached, unless otherwise mutually agreed . • Elective Work (defined as patient care planned and timed to suit patients and the service and booked in advance whatever the clinical setting, such as outpatient clinics and pre-booked non-emergency surgery) should not normally be scheduled to finish later than 9pm, unless mutually agreed. • When a doctor is scheduled to work after a busy night on-call, it should be for the doctor to declare, with no detriment, that they are too tired to work. Any displaced time/activity should be rescheduled to take place at another time in a doctor’s agreed work schedule, or, where possible, covered by colleagues, or, if necessary, cancelled. Such circumstances will not affect a doctor’s earnings.
Weekend working	<ul style="list-style-type: none"> • A doctor’s job plan will not require work for more than 13 weekends, in whole or in part, (defined for this purpose only as any period between 12am Saturday and 11.59pm Sunday where work is undertaken during an on call or shift), per year, averaged over two years, unless mutually agreed. This will be the case except where existing rotas of a greater frequency already exist. • Where higher frequency rotas already exist, they will be subject to annual review; unless mutually agreed, the shared intention would be for this frequency to be reduced to 13 weekends as a maximum by a date in the future to be agreed between the doctor and employer.
Opting out of Working Time Regulations	<ul style="list-style-type: none"> • A doctor may voluntarily choose to opt out of the Working Time Regulations 1998 (WTR) as amended and replaced from time-to-time average weekly limit of 48 hours, subject to prior agreement in writing with the employer. A decision to exercise this option is individual, voluntary and no pressure may be placed on the doctor to take this option.

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| | <ul style="list-style-type: none"> • Under these terms and conditions, where a doctor has opted out of the WTR average weekly working hours, overall hours are restricted to a maximum average of 56 hours per week, across all or any organisations with whom the doctor is contracted to work or otherwise chooses to work. This must be calculated over the reference period defined in the WTR. • Under these terms and conditions, a doctor opting out of the WTR weekly hours limit is still bound by all of the other limits set out in the WTR and in these terms and conditions. • A doctor's agreement to opt out may apply either to a specified period or indefinitely. To end any such agreement, a doctor must give written notice to the employer. The notice period shall be seven days, or a period up to a maximum of three months specified in the agreement, whichever is the longer. • Records of such agreements must be kept and be made available to relevant recognised unions and appropriate regulators on request. |
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Supporting Professional Activity (SPA)

- 4.5. The minimum of one SPA designated in both of the SAS contracts is specifically designated for job planning, and the completion of CPD requirements for appraisal and revalidation. Any additional SPA activity beyond these requirements would require additional SPA time in the job plan.
- 4.6. Activities undertaken in SPA time underpin direct clinical care work. They may include: personal appraisal and revalidation, personal job planning, continuing professional development, teaching and training, audit, research, clinical management, local clinical governance activities and statutory and mandatory training.
- 4.7. Used effectively, SPAs will benefit the individual, the organisation and the wider NHS. SPAs should be used to support the individual SAS doctor in developing within their role and achieving their own agreed objectives and those of the team and organisation in which they work.
- 4.8. SAS doctors should have access to appropriate opportunities for personal development of their skills, extend their clinical and professional knowledge, work on quality improvement initiatives and lead and develop others to improve patient experience. To achieve this, employers will be expected to routinely discuss and consider further SPA time in addition to the contractual one SPA as part of the job plan review for every SAS doctor. The job planning process should allow for a range of SPA activities appropriate for individuals linked to personal continuing professional development requirements and the agreed needs of doctors and the service.
- 4.9. Where additional SPA time is agreed, activities should offer development opportunities to the individual and be used to support organisational objectives. Such activity could include teaching, research, clinical management or medical education roles. Therefore, there may

also be additional variation in the number of SPAs above the contractual one SPA, between individual job plans dependent upon specific need.

- 4.10. For example, a number of employers have offered additional SPA time for SAS doctors to support further activities and offer above the contractual 1 SPA. This allows SAS doctors to deliver activities which are of benefit to both the individual and the employer, including teaching, research, clinical management or medical education roles.

5. A guide to the new Specialist grade

- 5.1. This is a new grade with a new pay structure and terms and conditions. It was created to extend career progression for Specialty Doctors and help offer an attractive additional pathway for a career in medicine which provides demonstrable opportunities for career and pay progression outside of the current standard training routes.
- 5.2. With the exception of those who are eligible to transfer to the Specialist grade (described in section 6 below) the creation of new Specialist roles will be driven by local employer need to meet service requirements and will be advertised for competitive entry through local recruitment processes.

Defining the Specialist grade

- 5.3. A working group formed of stakeholders from across the health and social care system were tasked to define the role and scope of practice of the new Specialist grade to provide a clear and consistent description for the roles and responsibilities which a doctor appointed to this role would undertake.
- 5.4. A Specialist:
- Is a senior and experienced Specialist clinician who will work independently to a level of defined competencies, set out by mutual agreement with the clinical director/head of service and within local clinical governance frameworks.
 - Will primarily focus on providing direct clinical care or meeting service delivery and improvement requirements. However, the role will be supported by the availability of suitable development opportunities for both service need and for the individual doctors. Employers should be encouraged to ensure the role is attractive and motivating by providing an appropriate balance of clinical care and broader activities (such as management, additional responsibilities, academia and research) and doctors should be encouraged to take part in these activities to benefit the doctor's individual development but also benefit the wider team and service.
 - Provides expertise in a specialised area, whether delivering care in a specific specialty or in a generalist service and able to manage the full range of presentations in their specific area of practice.

- Is a clinician who is able to work as a senior member of a multi-disciplinary team, leading MDTs where appropriate.
- Would be described as clinician tier 3 - expert clinical decision makers (using the descriptors within the [RCP Guidance on Safe Medical Staffing](#)), – a clinician who have overall responsibility for patient care. A doctor who can establish a diagnosis, define a care plan, treat and discharge a patient without reference to a more senior clinician (within agreed governance structures).
- Will deliver appropriate teaching, training and supervise other members of staff in the department, as necessary in areas of own expertise and within local clinical and educational governance frameworks.

How the role interacts with the wider medical workforce

- 5.5. The Specialist grade sits between the Specialty Doctor and consultant grades within the medical workforce.
- 5.6. The main difference between the Specialty Doctor and a Specialist is that the new role will provide a greater amount of expertise, responsibility, decision-making and competence. A Specialist will be responsible for the patients under their care and have greater opportunity to undertake wider professional activities and additional NHS responsibilities such as management roles.
- 5.7. There are two key differences between the Specialist and consultant roles:
- A Specialist will be expert in a narrower field and will work independently in their defined area of practice (as agreed locally) whereas a consultant has more breadth of expertise in their entire specialty and is independent within that broader role.
 - Consultants are expected to carry out a variety of wider responsibilities including managerial and leadership roles that incorporate teaching, training, audit, research, for example. A Specialist will have the opportunity to carry out wider roles and doctors will be encouraged to carry out these roles however they will not be expected to undertake them.

Entry Criteria and person specification

- 5.8. The entry criteria for the new role will be as follows.

A doctor/dentist in this grade:

- Shall have full registration and a licence to practice with the General Medical/Dental Council.
- Shall have completed a minimum of 12 years medical/dental work (either continuous period or in aggregate) since obtaining a primary medical/dental qualification, of which a minimum of six years should have been in a relevant specialty in the Specialty Doctor and/or closed SAS grades. Equivalent years' experience in a relevant specialty from other medical/dental grades including from overseas will also be accepted.

- Shall meet the criteria set out in the Specialist [generic capabilities framework](#).
- 5.9. The generic capabilities framework for the Specialist grade has been developed in partnership between the Academy of Medical Royal Colleges (AoMRC), the BMA and NHS Employers. It outlines the core capabilities and skills expected across all specialties for safe working practices at this senior level. The terms and conditions for the Specialist grade state that doctors will need to evidence they meet these criteria in order to successfully enter the grade.
- 5.10. [A person specification](#) has also been developed to help employers develop a clear description of the requirements for an individual role. Royal Colleges will be available to offer support to employers to inform the development of this.

Appointing to the Specialist grade

- 5.11. If employers decide to create new Specialist posts, they should be advertised as per local recruitment processes for competitive entry. Appointment into the Specialist grade is NOT a regrading exercise of existing Specialty doctors.
- 5.12. The BMA and NHS Employers recognise the important contribution that the Royal Colleges can make in relevant stages of the appointment process into the new Specialist grade.
- 5.13. The AoMRC, BMA and NHS Employers have therefore [developed a concordat](#) which signifies the commitment of all parties to work together on the appointment of staff to ensure that the highest standard of professional medical practice in NHS employing organisations are maintained in the interests of patients and the quality of care provided by those organisations.
- 5.14. The concordat outlines the responsibilities of employers and what the Royal Colleges/Faculties are able to offer at each stage during the recruitment process to help employers make suitable appointments.

Benefits of the Specialist grade

- 5.15. Employers should start to think about how their organisation can utilise and benefit from the Specialist grade.
- 5.16. Key benefits identified from the new grade include:
- Supporting the recruitment and retention of SAS doctors. By establishing these posts employers can attract doctors to apply or retain current Specialty Doctors by providing an opportunity for progression.
 - They will allow for increased numbers of expert decision makers to improve patient flow and experience and potentially free up capacity for consultants to deliver a wider range of duties (or focus on a specific part of their work).
 - Bring greater diversity, productivity and skill mix to the multidisciplinary team and support increased flexibility in workforce planning.

- Will provide advanced clinical experience and expertise in a specific area of a specialty.
- Maximising the potential of SAS clinicians, allowing them to operate at the top of their capabilities.
- Improve morale and job satisfaction of existing SAS doctors.
- Allow place-based service needs to be met by upskilling and providing developmental opportunities to existing staff.
- Offer a reliable way to help fill rotas and deliver expert patient care.
- Reduces the need to create and maintain locally agreed contracts for senior SAS roles.

6. A guide to transitional arrangements

- 6.1. The transitional arrangements only apply to SAS doctors who are on national TCS. These transitional arrangements do not apply to SAS doctors on local TCS, including trust grades and locally employed doctors, for example, those who have been appointed to the Associate Specialist grade since it closed in 2008.
- 6.2. SAS doctors who are eligible for transition to the new contracts will be given the opportunity to transfer or they can opt to remain on their existing contract and TCS without detriment.
- 6.3. Doctors on national TCS in the 2008 Specialty Doctor grade, staff grades, clinical medical officers, senior clinical medical officers, hospital practitioners and clinical assistants, may transfer to the 2021 Specialty Doctor contract.
- 6.4. Doctors on national TCS in 2008 Associate Specialist and pre-2008 Associate Specialist grades, may transfer to the 2021 Specialist grade contract, subject to meeting the entry requirements for the grade set out in schedule 1 of the TCS.

Process of transition

- 6.5. The transitional arrangements apply with effect from 1 April 2021. Eligible doctors will be entitled to express their interest to transfer to the TCS during a six-month choice window from 1 April 2021 to 30 September 2021.
- 6.6. Employing organisations will write to eligible doctors to, a) confirm that the doctor is eligible to transfer to these TCS and b) invite an expression of interest. The doctor will have until 30 September 2021 to confirm they would be interested in transferring to the new TCS. At this point, the doctor is not legally obliged to transfer, this only signifies that the doctor wishes to commence the job planning process in good faith and in the expectation of transferring.
- 6.7. The employer should then undertake a job planning discussion with the doctor as set out in the Schedule 4 of the TCS. This should commence no later than one month following the expression of interest and be completed within three months. It should be based on the activity that the doctor is already undertaking and making sure that the job plan is aligned

with the new provisions in the 2021 contract. Following the completion of this process the employing organisation will offer the doctor a job plan and salary package in writing ('the offer') and the doctor has 21 days to accept or decline in writing.

- 6.8. Where it has not been possible to agree a job plan the doctor shall have access to the provisions for mediation and appeal as set out in Schedule 5 prior to making a final decision on transferring to these TCS.
- 6.9. If a doctor expresses an interest to transfer after 30 Sep 21, they will not be eligible for transfer via these transitional provisions. Any transfer to these TCS after this date will be at the discretion of the employer.
- 6.10. Exceptional circumstances will be considered for those who are absent from work for a significant period of time during the choice window, for example for reasons such as caring/ sick leave or a secondment. The principle of equal and fair treatment should be followed so that no detriment is suffered as a result. Employers should proactively contact doctors who are absent long term and should be given an extended period, to be agreed between the doctor and the employer, in which they can raise an expression of interest to transfer to these terms and conditions.
- 6.11. It is not expected that all SAS doctors will transition to the new TCS in April 2021. They will move gradually to the new TCS as per the implementation timeline however, it is expected that all SAS doctors who express an interest within the six-month choice window will do so by 31 December 2021.
- 6.12. If, for whatever reason, more time is required to transfer SAS doctors to the new contract, appropriate timescales should be discussed and agreed locally with the SAS doctors in that organisation. The timescales were set with the intention that both doctors and employers had sufficient time to make necessary changes.

Salary on transfer and back pay

- 6.13. Doctors who express an interest to transfer and follow all the steps in the process in schedule 20 will move to the new contract and appropriate pay point as of their pay on 31 March 2021. The doctor will be entitled to an amount of pay equivalent to the arrears of pay they would have been entitled to receive, had the contract been available from the effective date (1 April 2021).
- 6.14. This payment will be based upon the agreed job plan in place at 1 Apr 2021, up to the date the new job plan takes effect, including adjusted payments for OOH and on call availability supplement and payment for any additional programmed activities, sessions or notional half days. The payment will be made as soon as practicable after transfer to the TCS.
- 6.15. Where an Associate Specialist transferring to the new contract has a previous basic salary higher than the top of the new proposed Specialist grade, their pay, as of 31 March 2021 would be pay protected on a marked time basis, until the value of the new Specialist

pay scale overtakes it. This pay protection does not include annual cost of living increases until the Specialist grade catches up with their protected salary.

6.16. Doctors who were unable to express their interest during the choice window due to exceptional circumstances will be entitled to an amount of pay equivalent to the arrears of pay they would have been entitled to receive, had the contract been available from the effective date (1 April 2021).

6.17. Full details on the transitional arrangements are detailed in Schedule 20 of the TCS.

Annex A – Additional guidance and resources

- [Terms and conditions of service](#)
- [Pay and Conditions Circular](#)
- [Model contracts](#)
- [FAQs](#)
- [Employer checklist – next steps for employers to take](#)
- [Key changes at a glance](#)
- [Individual pay journey overview](#)
- [Choice exercise flow chart](#)
- [Model template letter for choice exercise](#)
- [Specialist capabilities framework](#)
- [Specialist grade template person specification](#)
- [Specialist grade concordat](#)
- [Guidance on the SAS advocate role](#)
- [Model template for pay progression meetings](#)